

STATE OF HAWAII  
Department of Accounting and General Services  
Division of Public Works  
**MONTHLY ESTIMATE**

FOR THE MONTH OF ~~April~~ MAY 2011

Date: May 1, 2011

CONTRACTOR: Hawaiian Building Maintenance

ADDRESS: 1001 Bishop Street, Suite 955

City, State ZIP: Honolulu, HI 96813

Contract No. 58021 [✓]

DAGS Job No. 12-20-2621

PROJECT TITLE: Hawaii State Hospital Building A, C, E, F, G, H, I & L Various Improvements

**CONTRACT**

Basic Contract Amount \$ 474,000.00

**CHANGE ORDERS**

Total \$ 22,003.00

Adjusted Contract Amount \$ 496,003.00

FOR INSPECTION BRANCH USE	
<input type="checkbox"/> SUBMITTAL REGISTER	<input type="checkbox"/> COMMENCEMENT REQUIREMENTS
<b>DUE MONTHLY:</b>	
<input type="checkbox"/> PROJECT SCHEDULE - INITIAL & ONGOING	
<input checked="" type="checkbox"/> DAILY REPORTS	<input checked="" type="checkbox"/> PAYROLL AFFIDAVITS
<b>MONTHLY ESTIMATE CHECKLIST</b>	
<input checked="" type="checkbox"/> CONTRACT NUMBER	<input checked="" type="checkbox"/> PROJECT NAME & LOCATION
<input checked="" type="checkbox"/> ALL SIGNATURES	

WORK ACCOMPLISHED		Basic Contract		Change Order		Total
Completed to Date	100.00%	\$	<u>474,000.00</u>	100.00%	\$ <u>22,003.00</u>	\$ <u>496,003.00</u>
Retained	REDUCED [ ]			\$	-	\$ -
Amount Subject to Payment		\$	<u>474,000.00</u>	\$	<u>22,003.00</u>	\$ <u>496,003.00</u>
Payments to Date		\$	<u>473,000.00</u>	\$	<u>22,003.00</u>	\$ <u>495,003.00</u>
Payments Now Due		\$	<u>1,000.00</u>	\$	-	\$ <u>1,000.00</u>

Payment No. **FINAL** [x] 6

Remarks:

1. Computed and Checked by:

[Signature] 5/16/11  
3. Recommended: Project Inspector or Engineer Date:

[Signature] 5/16/11  
4. Recommended: Area Engineer/Architect Date:

[Signature] MAY 24 2011  
5. Approved: Branch Chief or District Engineer Date:

[Signature] MAY 24 2011  
The Public Works Administrator certifies that change orders have been issued and the work performed.  
State Public Works Administrator Date:

2. I certify that the above bill is correct, just, that payment has not been received, and all payroll affidavits have been submitted, are current, or proper deductive exclusions have been made to this request.

Hawaiian Building Maintenance  
Name of Contractor

[Signature] 5/1/11  
By signature / Title: Date:

For the Month of: April MAY 2011 *112*


CLOSED	PRIME CONTRACTOR	TRADE	LICENSE NO.	BASIC CONTRACT AMOUNT	COMPL. TO DATE	% Cmpl.	RETN %	CONTRACT AMOUNT RETAINED
		Hawaiian Building Maintenance	General Contractor	BC-27276	\$468,000	\$468,000	100.00%	0.0%

<u>SUBCONTRACTOR</u>	<u>TRADE</u>	<u>LICENSE NO.</u>	<u>BASIC SUB-CONTRACT AMOUNT</u>	<u>COMPL. TO DATE</u>	% CMPL	RETN %	<u>SUB-CONTRACT AMOUNT RETAINED</u>
MVC Electrical	Electrical	C-25883	\$6,000	\$6,000	100.00%	0.0%	\$0
					#DIV/0!	0%	\$0
					#DIV/0!	0%	\$0
					#DIV/0!	0%	\$0
					#DIV/0!	0%	\$0
					#DIV/0!	0%	\$0
					#DIV/0!	10%	\$0
					#DIV/0!	10%	\$0
					#DIV/0!	10%	\$0
					#DIV/0!	10%	\$0
					#DIV/0!	10%	\$0
					#DIV/0!	10%	\$0
					#DIV/0!	10%	\$0
					#DIV/0!	10%	\$0
					#DIV/0!	10%	\$0
					#DIV/0!	10%	\$0
					#DIV/0!	10%	\$0
					#DIV/0!	10%	\$0
					#DIV/0!	10%	\$0
					#DIV/0!	10%	\$0
					#DIV/0!	10%	\$0
					#DIV/0!	10%	\$0
Total Retained from Subs							\$0 B

BASIC CONTRACT - RETAINED FROM PRIME AND SUBS (A+B)	\$0
---	-----

Hawaiian Building Maintenance

Name of Contractor

By Signature  Date 5/1/11

Initial - Project Inspector or Engineer

NOTE:  
Columnar totals shall be equal in dollar value to that on the  
Monthly Estimate Sheet

**STATE OF HAWAII**  
**DEPARTMENT OF ACCOUNTING AND GENERAL SERVICES**  
**DIVISION OF PUBLIC WORKS**  
**Monthly Payment Slip**

**PAYMENT NO.:** 5

**PROJECT TITLE:** HAWAII STATE HOSPITAL - BUILDINGS A, C, E, F, G, H, I, & L,  
VARIOUS IMPROVEMENTS

**BILLING MONTH:** May-11

**DAGS JOB NO.:** 1 2-20-2621

**CONTRACT NO.:** 58021

**CONTRACTOR:** HBM ACQUISITIONS, LLC

**VENDOR CODE:** 29892700

**Original Contract Payment**

Suffix: 3

<u>Suffix</u>	<u>Fund Symbol</u>	<u>Amount Earned</u>	<u>Retainage</u>	<u>Amount Due</u>
03	B08-406M	\$0.00	(\$1,000.00)	\$1,000.00
<b>Totals:</b>			(\$1,000.00)	\$1,000.00

**Change Order Payment**

Suffix: 4

<u>Suffix</u>	<u>Fund Symbol</u>	<u>Amount Earned</u>	<u>Retainage</u>	<u>Amount Due</u>
04	B08-406M	\$0.00	\$0.00	\$0.00
<b>Totals:</b>				

**Grand Total:**

(\$1,000.00)

\$1,000.00

*Lloyd Ogata*      5/31/2011  
Verified By      DATE

(This Section for Administrative Services Office Use Only)

Vendor Code    29892700

Cost Code      3A1

Voucher No.    06021N13

Verified By    *pro*      6/6/11